

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 539738

FILING DATE

6-20-05

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 1 <sup>st</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		3		3		
5		4		4		
6		5		5		
7		6		6		
8		7		7		
9		8		8		
10		9		9		
11		10		10		
12		11		11		
13		12		12		
14		13		13		
15		14		14		
16		15		15		
17		16		16		
18		17		17		
19	1		1			
20		1		1		
21		2		2		
22		3		3		
23		4		4		
24		5		5		
25		6		6		
26		7		7		
27		8		8		
28		9		9		
29		10		10		
30		11		11		
31		12		12		
32		13		13		
33		14		14		
34		15		15		
35		16		16		
36		17		17		
37		18		18		
38		19		19		
39		20		20		
40		21		21		
41		22		22		
42		23		23		
43		24		24		
44		25		25		
45		26		26		
46		27		27		
47		28		28		
48		29		29		
49		30		30		
50		31		31		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.	←		23	←		←
TOTAL CLAIMS			25			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						